## **DEKALB COUNTY REGISTERED AGENT FORM**

DeKalb County Massage License
330 W. Ponce De Leon Ave. 2<sup>nd</sup> Floor, Decatur, Georgia 30031
Ph (404) 371-2461 or (404) 371-2462
Fax (404) 371-2946

Business Name:						
Business Address:						
City/State/Zip Code:						
DeKalb County Code Section 15-269 red therapists license to have and continuo permitted by law under the massage or owner can be their own registered agent	usly maintain a regist dinance. <b>The regist</b> e	ered agent ered agent	for service	e of process	s of any notice	
I,	, do he	reby conse	nt to serve	as the regis	stered agent for	
i,			nd to perf	orm all oblig	gations of such	
Agent's Name (type or print clearly)		Agent's	Agent's Social Security Number			
Agent's Home Address		Agent's Birthday (Month, day & year)				
City, State & Zip Code		Sex	Race	Height	Weight	
Signature of Agent	Date	Agent's	Agent's Home Telephone No.			
=======================================	:========	Agent's Business Telephone No.				
The therapist, single owner(s), partner or be their agent. It is the owner's responsibe to maintain a registered agent shall be gr	ility to maintain a regis	tered agen	t who lives	in DeKalb C	ounty. Failure	
Owner's Name (Type or print clearly)			Two (2) pictures taken in the last year is required. Attach one picture of the			
Owner's Signature	Date		age	nt here on e	each form.	
If the owner is a corporation:						
Name of Corporation	Officer's Name					
Officer's Signature	 Date					